

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/539553

FILING DATE

APPLICANT(S)

CLAIMS

	CLAIMS							CLAIMS						
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
1			1				51							
2			1		1		52							
3			1		1		53							
4			1		1		54							
5			1		1		55							
6			1		1		56							
7			1		1		57							
8			1		1		58							
9			1		1		59							
10			1		1		60							
11			2		1		61							
12			2		1		62							
13			1		1		63							
14			1		1		64							
15			1		1		65							
16			1		1		66							
17			1		1		67							
18			1		1		68							
19			1		1		69							
20			1		1		70							
21			1		1		71							
22			1		1		72							
23			1		1		73							
24			1		1		74							
25			1		1		75							
26			1		1		76							
27			1		1		77							
28			1		1		78							
29			1		1		79							
30			1		1		80							
31			1		1		81							
32			1		1		82							
33			1		1		83							
34			1		1		84							
35			1		1		85							
36			1		1		86							
37			1		1		87							
38			1		1		88							
39			1		1		89							
40			1		1		90							
41			1		1		91							
42			1		1		92							
43			1		1		93							
44			1		1		94							
45			1		1		95							
46			1		1		96							
47			1		1		97							
48			1		1		98							
49			1		1		99							
50			1		1		100							
TOTAL IND.	2		2		2									
TOTAL DEP.	13		16		16									
TOTAL CLAIMS	15		18		18									